JIFORNIA HAZARDOUS WASTE MANIFEST

1 Manifest 0 1 5 State Department of Health Services See reverse Trafor Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 GENERATOR (4) Alternate TSD Facility (Generator Must Complete) Designated TSD Facility (Authorized to operate under an SFUND RECORDS CTR approved state program or federal program) 999000325 (2) Name LUMINUM CO OF AMEDICATIONE 12 RATING IND Name EPA NO. Address 5/5/ All And Phone No. 1/14/Address 1/1/1/ 1/1/1/10 **Address** MC NTERV City, State, Zip _ City, State, Zip WEIGHT OR U.S. DOT PROPER SHIPPING NAME VOLUME CONTAINERS NUMBER: TYPE: DRUMS BAGS CARTONS WASTE ☐ TANK TRUCK ☐ DUMP TRUCK WASTE □ OTHER (8) GENERATING PROCESS _ 6 WASTE CATEGORY (7) EX. HAZ. WASTE PERMIT NO. CONC. RANGE CONC. RANGE LIST COMPONENTS: UNITS UNITS E. _____ (9) A._____ □ % □ pom. □ % □ ppm. □ % □ ppm. □ % □ ppm. G._____ □ % □ ppm. ☐ % ☐ ppm. Non Hazardous Material 100 % □ % □ ppm. (10) WASTE PROPERTIES: pH______ ☐ Toxic Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen ☐ Flammable ☐ Corrosive/Irritant POther 171 UMIANUM ONDES ELISTER Liquid ☐ Gas **Sludge** ☐ Slurry Respirator GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 TRANSPORTER (HAULER MUST COMPLETE) **ASBURY OIL CO.** (14) NAME ___ CAD028277036 EPA NO. ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249 Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) LOD TEL 18 QUANTITY (If Measured) / US BA WEL HANDLING OR DISPOSAL METHOD: EPA NO. ☐ Surface Impoundment PHONE NO. ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) K001254 Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE. SPECIFY THE DESIGNATED TSD FACILIZE

Signature of Authorized Agent and Title

Date Accepted

(22) NAME. EPA NO.